

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.  
N. B.—In case of TWINS OR TRIPLETS use a SEPARATE BLANK FOR EACH CHILD, and mark the  
FIRST-BORN, No. 1. THE OTHER, No. 2, etc., in question 5.

W.C. COLUMBIA, COLUMBIA, S. C.

(1) PLACE OF BIRTH

County of Charleston  
Township of Charleston Church  
or  
Inc. Town of.....  
or  
City of.....

CERTIFICATE OF BIRTH  
STATE OF SOUTH CAROLINA  
Bureau of Vital Statistics  
State Board of Health

Registration District No. 901 Registered No. 121  
(For use of Local Registrar)

(2) Full Name of Child Joseph Harrison (No. Harrison St.; ..... Ward)  
(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(3) BOY OR GIRL? Boy (4) Twin or Triplet? No (5) Number in order of birth 1st (6) Are Parents Married? Yes (7) DATE OF BIRTH Mar 17, 1922  
(Name of Month) (Day) (Year)

FATHER.  
(8) FULL NAME Thomas Harrison  
(9) PRESENT POSTOFFICE OF FATHER MT Pleasant  
(10) COLOR OR RACE Chk Geo (11) AGE AT LAST BIRTHDAY 45 (Years)  
(12) BIRTHPLACE SEI  
(13) OCCUPATION Farmer  
(20) Number of children born to mother, including present birth Sixteen

MOTHER.  
(14) NAME BEFORE MARRIAGE Betty Getters  
(15) PRESENT POSTOFFICE OF MOTHER MT Pleasant  
(16) COLOR OR RACE Chk Geo (17) AGE AT LAST BIRTHDAY 39 (Years)  
(18) BIRTHPLACE SEI  
(19) OCCUPATION House wife  
(21) Number of children of this mother now living, including present birth Seven

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive at 8 A.M., on the date above stated. (Born alive or stillborn) (Hour A. M. or P. M.)

(23) (Signature) Elsie Palmer  
(24) State whether Physician or Midwife (25) Address of Physician or Midwife MT Pleasant

Given name added from a supplemental report  
.....  
....., 19 ..  
Registrar

(26) Witness .....  
(Signature of Witness necessary only when question 23 is signed by mark)  
(27) Filed Sept 24, 1922 (28) Local Registrar

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.